

Wines



PROVISION FOR THE INSANE

IN THE

UNITED STATES:

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CHAPTER III.

PROVISION FOR THE INSANE.

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In a recent paper on "Progress in Provision for the insane," read at Philadelphia by Dr. W. W. Godding (the accomplished superintendent of the Government Hospital for the Insane), on the occasion of the fortieth anniversary of the Association of Medical Superintendents of American Institutions for the Insane, he divides the history of the progress made in this country into three eras: (1) that of small institutions, chiefly of a curative character, from the adoption of the "propositions" of the Association, in 1851, until 1866, when a material modification was made in the one relating to the proper maximum number of patients to be cared for in a single hospital; (2) that of large institutions, embracing both the acute and chronic insane, with a centre building and wings, with all the wards for classification of patients under one roof, or connected by corridors, and each ward complete in itself; and (3) that of detached buildings for the insane, which seems to him to have just begun. The creation of the Willard Asylum for the Chronic Insane, by the State of New York, marked the transition from the first to the second period, and that of the Illinois Eastern Hospital for the Insane, at Kankakee, marked the transition from the second to the third.

The part taken by the Illinois Board of Public Charities in the history of this movement makes it proper for us to review it as briefly as is consistent with a perspicuous exposition of the character of the movement to be elucidated, and of the reasons for it. We write this review, primarily and chiefly, for the information of the people of the State of Illinois. This will explain why certain names and events are not mentioned, to which reference might have appropriately been made, and why some facts are stated with more fullness of detail than would have been necessary for the information of specialists, to whom they are already familiar.

There were insane people in the United States, before there were any hospitals for the insane. They were kept, as the insane for whom there is now no room in hospitals are kept, wherever it was possible to keep them, at their homes or elsewhere, and many of them, as at the present time, in almshouses and prisons. The demand for better accommodations led to the establishment of institutions for their especial benefit. These were at first only departments of general hospitals. The oldest American hospital for the insane is the Eastern Lunatic Asylum of Virginia. Then followed the Friends' Asylum at Philadelphia, opened in 1817; the McLean Asylum at Somerville, Massachusetts, in 1818; the Bloomingdale Asylum, New York, in 1821; the Retreat, at Hartford, in 1824; and others, in succession, until the number of those now in operation, public and private, is over one hundred.

In 1845 was organized the Association of Medical Superintendents of American Institutions for the Insane, which held its first meeting in the city of Philadelphia. This Association, in 1851, adopted a series of twenty-six propositions on the construction of hospitals for the insane, which were written by Dr. Thomas S. Kirkbride, superintendent of the Pennsylvania Hospital. They are so admirable in themselves and have exerted such an influence upon the development of the American system of care for the insane, that they are here reproduced in full. Without a knowledge of them, the history of the controversy, which began in 1866 and is not yet at an end, would be unintelligible.

1. Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.
2. No hospital for the insane, however limited in its capacity, should have less than fifty acres of land devoted to gardens and pleasure-grounds for its patients. At least one hundred acres should be possessed by every State hospital, or other institution, for two hundred patients, to which number these propositions apply, unless otherwise mentioned.
3. Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.
4. No hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.
5. The highest number that can, with propriety, be treated in one building, is two hundred and fifty, while two hundred is a preferable maximum.
6. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and as far as possible be made secure from accidents by fire.
7. Every hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex—making sixteen classes in the entire establishment.
8. Each ward should have in it a parlor, a corridor, single lodging-rooms for patients, an associated dormitory communicating with a chamber for two attendants, a clothes-room, a bath-room, a water-closet, a dining-room, a dumb-waiter, and a speaking-tube leading to the kitchen or other central part of the building.

9. No apartments should ever be provided for the confinement of patients, or as their lodging-rooms, that are not entirely above ground.

10. No class of rooms should ever be constructed without some kind of window in each, communicating directly with the external atmosphere.

11. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

12. The floors of patients' apartments should always be of wood.

13. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of access, to afford convenient egress in case of accident from fire.

14. A large hospital should consist of a main central building with wings.

15. The main central building should contain the offices, receiving-rooms for company, and apartments (entirely private) for the superintending physician and family, in case that officer resides in the hospital building.

16. The wings should be so arranged that if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes, for the admission of light and air.

17. The lighting should be by gas, on account of its convenience, cleanliness, safety and economy.

18. The apartments for washing clothing, etc., should be detached from the hospital building.

19. The draining should be under ground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.

20. All hospitals should be warmed by passing an abundance of pure, fresh air, from the external atmosphere, over pipes or plates containing steam, under low pressure, or hot water, the temperature of which does not exceed 212° F., and placed in the basement or cellar of the building to be heated.

21. A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the insane, and no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

22. The boilers for generating steam for warming the building, should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus and other machinery.

23. The water-closets should, as far as possible, be made of indestructible materials, be simple in their arrangements, and have a strong downward ventilation connected with them.

24. The floors of bath-rooms, water-closets and basement stories should, as far as possible, be made of materials that will not absorb moisture.

25. The wards for the most excited class should be constructed with rooms but on one side of a corridor not less than ten feet wide, the external windows should be large, and have pleasant views from them.

26. Whenever practicable, the pleasure grounds of a hospital for the insane should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building.

In these propositions the essential, characteristic features of a well planned hospital, of small size, are clearly and concisely stated. The majority of them embody suggestions which are likely to be of permanent and universal application. But it is to be noted that Dr. Kirkbride, at the outset, warns every reader that the number of patients to which they apply is, unless otherwise mentioned, two hundred. The attempt to make certain of them apply to buildings with a capacity of six hundred or more, is the exciting cause to which, in part, at least, is referable the agitation on the question of hospital construction which has marked the past twenty years. It is further to be noted, that in the language of their revered author, they apply to "hospitals" for the care of insanity, and not to asylums for the insane whose malady has passed into a chronic and probably incurable stage of development.

In order to obtain a just conception of the relations of this question, it must be remembered, on the other hand, that the wretched condition of the chronic pauper insane in jails and almshouses has been, from the beginning, the principal ground of appeal for liberal action on the part of legislatures in the matter of provision for the

insane. Miss Dix, who has made more personal effort to secure such provision than any other living citizen of any country, and who has enjoyed the unspeakable happiness of seeing her philanthropic labors crowned, in her life-time, with a degree of successful achievement beyond her own initial hopes, said, for instance, in her memorial to the New York legislature, in 1844, (before the organization of the Association of Superintendents, and seven years before the adoption of the propositions): "My earnest, my importunate intercession, is in behalf of the incurable insane, who, lost for life to the exercise of a sound understanding, exposed to suffering and degradation, to neglect and abuse, and often abandoned of friends, are at once the most dependent and most unfortunate of human beings."*

It is true, that the Association, in 1851, at the same meeting at which the propositions were adopted, also adopted a resolution, that "it is the duty of the community to provide and suitably care for all classes of the insane, and that * * * it is improper, except from extreme necessity, as a temporary arrangement, to confine insane persons in county poorhouses or other institutions, with those afflicted with or treated for other diseases or confined for misdemeanors." But it is highly probable that undue expectations were at that time entertained of the result of the establishment of "hospitals" for the insane. This may have been due to an exaggerated estimate of the probability of effecting a cure for the disease, or to a want of foresight of the rapid and extraordinary increase in the number of the chronic insane. Be this as it may, it is certain that the chronic pauper insane are not named in the propositions, and the use of the word "patients" instead of inmates, suggests the possibility that they were not consciously alluded to. The propositions did not completely cover the ground, or else they were not worded with sufficient precision to make their meaning and application unmistakable.

The particular propositions which have occasioned the largest dispute are the fourteenth with the seventh and eighth. "A large hospital should consist of a main central building with wings. Every hospital having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex—making sixteen classes in the entire establishment. Each ward should have in it a parlor, a corridor, single lodging-rooms for patients, an associated dormitory communicating with a chamber for two attendants, a clothes-room, a bath-room, a water-closet, a dining-room, a dumb-waiter, and a speaking-tube leading to the kitchen or other central part of the building."

The conception embodied in this language was elaborated, by Dr. Kirkbride, in a book of great value, "On the Construction, Organization and General Arrangements of Hospitals for the Insane," originally published in 1854, of which a later and revised edition appeared in 1880. The influence of this book, in the United States, has been even greater than that, in France, of the great work of

*It is worthy of remark, in passing, that Miss Dix, in her memorial to the legislature of New York, used the following expression: "Cottages might be adjacent to a main building for the most tranquil male patients." And again: "The true remedy will be found in State asylums, on a cheap but comfortable plan, for the incurable."

M. Parchappe, entitled "Des Principes à Suivre dans la Fondation et la Construction des Asiles d'Aliénés." Dr. Kirkbride's ideas have been embodied in brick and mortar in nearly all of the great institutions for the insane erected either by the several States or by private corporations; and every one who has seen any one of these institutions knows, without further description or explanation, what they are. The type is uniform; the differences are in the details. Wards, with central corridors and rooms "placed on both sides;" the majority of the rooms "single lodging-rooms for patients;" each ward complete in itself; the number of wards governed by the total capacity of the hospital; the number of patients to a ward averaging twenty-five, more or less; all the wards for male patients in one wing and all the wards for female patients in the other; the two wings separated by a centre building for the offices and the officers, which may be believed to have been of moderate size, in a hospital for two hundred patients, but in a hospital for six hundred is overgrown and reminds one of a great hotel; the wings prolonged, on either side, to a length of almost fabulous extent; and the domestic buildings detached, but usually connected with the main edifice by corridors or underground passages. Such are the main features of an American institution for the insane, constructed in accordance with the interpretation which has been everywhere put upon the propositions. The experience of half a century shows that the actual average cost of institutions of this pattern has been from one thousand to twelve hundred dollars a bed.

It is astonishing that so great stress has been laid, in this country, upon the form of the edifice, as if there were in it some mysterious curative power and effect, and any departure from this type would inevitably lead to some unknown disaster. Contrast with this feeling of devotion to a single ideal the saying of Dr. Rutherford, of Lenzie, in Scotland: "Given a skilled physician and competent, trained attendants, with removal of the patient from his home, and I do not care what the house is." Contrast with it the saying of Mr. Mould, of Cheadle, England: "If I had charge of six hundred insane people, I would not want hospital accommodation for more than one hundred," a saying founded on his personal experience in the care of the insane in ordinary rented dwellings, and in cottages on his own grounds. In England, there is no such uniformity of architectural construction. In France, there is uniformity, to a very considerable extent; but the type of construction is as different from our own as possible. Yet insane people recover, and those who do not recover are kindly and well cared for, in both these and in other countries.

From 1851, when the propositions were adopted, until 1865, when Dr. Cook asked to have them modified by the Association, so as to meet what he conceived to be the altered conditions of the problem of provision for all the insane, their authority was practically unquestioned. The pressure for admission to institutions was so great that some of them were enlarged to accommodate more than two hundred or even two hundred and fifty patients. But neither the increase in their size nor in their number proved to be sufficient to empty the jails and almshouses of the chronic insane, who dragged

out in them a miserable existence. What enlarged provision was made was exclusively on the lines laid down in the propositions; but it was inadequate to the public demand.

We cannot better describe the situation than in the words of Dr. Isaac Ray,* who was, at the time of his death, in 1881, the acknowledged Nestor of the fraternity of superintendents: "In the early stages of this benevolent enterprise of establishing hospitals for the insane, one of the principal objects proposed by it was the proper care and custody of the old incurable cases. It was their sufferings, as exhibited in the jails and poorhouses of the country, which, some five and thirty years ago, led Horace Mann and a few others to begin that movement, the first fruits of which were the hospital at Worcester, Massachusetts. They labored, as they supposed, for the poor, the neglected, the friendless, the hopeless, not for the wealthy and curable, who might be safely left to the ministry of their friends. For a time it seemed as if the precise object of their labors had been accomplished and placed beyond the reach of any change of fortune. The jails and poorhouses were emptied of their unfortunates, and an incalculable amount of relief from the last extremity of human wretchedness was effected. A more curious change of purpose has seldom been witnessed than that which has been induced on this subject by the very development of the original enterprise itself. For whereas the object at first was to place all these persons in the hospitals, the question that agitates the philanthropists of our day (1866) is how to get them out of the hospital. In the course of a few years, the hospital came to be generally regarded as the only suitable place for the insane, and their claims on the public bounty were recognized by regular legislative appropriations. There is not a community among us that thus provides for even one-half of its insane, unless it may be Massachusetts. In this condition of things, the conclusion has been generally adopted, that if any are to be excluded from the hospital, for lack of room, it should be those to whom it would be a permanent home, rather than those for whom a few months' residence would lead to recovery or considerable improvement. The almost universal practice of our State hospitals is, therefore, to discharge their patients after they have clearly become incurable, in order to make room for those recently attacked. The patients thus discharged, after exhausting, perhaps, the patience and the bounty of their friends, arrive, sooner or later, at a final home in the poorhouse or jail, and thus steadily increase that mass of suffering humanity whose dimensions seem to defy all the resources of public benevolence. To furnish hospital accommodations for all, is what no community here or abroad has yet done, and it is less likely than ever to be done in this country, while staggering under the burdens which the great national contest has heaped upon us. Are they then to be left to a kind of custody and care which deprives them of many a comfort and inflicts upon them many a suffering, without the slightest attempt to better their condition? This is the question which is now beginning to be considered as scarcely second in importance to that which found its practical solution in the first establishment of hospitals for the helpless insane."

*Journal of Insanity, April, 1866.

A condition like that described could not exist without being apparent to many, and in more than one State. Efforts began to be made, here and there, to remedy so great an evil. But, for reasons which are obvious, we confine our attention to the movement, in the State of New York, which directly led to the establishment of the Willard Asylum.

At a convention of the superintendents of the poor, in Syracuse, February 21, 1855, the following resolution was adopted:

Resolved, That the convention do unanimously recommend to the legislature the establishment of an asylum for such insane persons as cannot be received by the present State Lunatic Asylum, but more particularly for the reception of such patients as have been discharged therefrom uncured.

At an adjourned meeting of the superintendents of the poor, in August of the same year, at Utica, they adopted the following:

WHEREAS, It is already conceded, and has been adopted as the policy of the State, that insanity is a disease requiring, in all its forms and stages, special means for treatment and care, therefore,

Resolved, That the State should make ample and suitable provision for all its insane not in a condition to reside in private families.

Resolved, That no insane person should be treated, or in any way taken care of, in any county poor or almshouse, or other receptacle provided for paupers, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, That insane persons considered curable and those supposed incurable should not be provided for in separate establishments.

The following resolution, adopted at Syracuse, in September, completed their action:

Resolved, First, that the present provision for the insane of the state is defective and inadequate. Second, that their present condition demands immediate attention and relief. Third, that the relief should be commensurate with the demand. Fourth, that a committee of five be appointed to memorialize the legislature, at its ensuing session, and recommend such action as will secure attention to the wants of this class of our citizens.

The chairman of the committee appointed was from Oneida county. The memorial, which was presented in January, 1856, recommended "the immediate erection of two State lunatic hospitals, so located that they may accommodate the largest number of insane at present unprovided for."

A committee of the senate was appointed to visit and examine the poorhouses of the State. It made a report, in which it also recommended "the establishment of two or more asylums for the insane, to be under similar control and management with the State Asylum."

But although a bill was introduced for the creation of two additional hospitals, it failed to pass; and for a number of years the only visible fruit was the effect upon public opinion outside of the legislature.

As the result of certain action by the State Medical Society, the legislature in 1864 authorized the secretary of that society, Dr. S. D. Willard, who was also surgeon-general of the State, to investigate the condition of the insane in the county poorhouses. The investigation was made by correspondence with physicians appointed, by the county judges in the several counties, to examine in person the institutions reported upon; and their reports, in the form prescribed by Dr. Willard, were by him tabulated and a full report presented to the legislature, in January, 1865.

After the governor had transmitted Dr. Willard's report to the legislature, Dr. John B. Gray, of Utica, met Dr. Willard and expressed his surprise at his recommendation of the establishment of a separate institution for the care of the chronic insane. He told him that the scheme had been tried in Europe and failed; that it would be injurious to the interests of the insane and of the community at large, to adopt it in this country; that it was a retrograde step, unnecessary, and condemned by the profession; and that it would be only the continuance of the almshouse system, disguised under another name. Dr. Willard asked Dr. Gray to draft a bill such as would, in his opinion, meet the wants of the State, which Dr. Gray did, simply providing for the two new institutions, one east and one west of Utica. Dr. Gray's bill, or its equivalent, was in fact introduced, but before coming to a final vote, what is known as the Willard act was substituted for it.*

The name originally given to the institution in the bill was the "Beck Asylum," in honor of Dr. T. Romeyn Beck, but it was changed to the "Willard Asylum," in honor of Dr. Willard, who died while it was pending.

This act was an attempt to supersede the system of providing for the chronic insane in the poorhouses. It provided that all cases of insanity not of not less than one year's duration should be sent to the State Asylum at Utica, and that no more chronic insane should be sent from the State Asylum to the county poorhouses, but that on the contrary the chronic insane in the county poorhouses should be transferred to the new asylum.

Reference may be made, in passing, to the fact that this year (1865) was that in which the long projected receptacle for pauper lunatics of the State of Massachusetts was erected, in connection with the State almshouse at Tewksbury. It was also the year in which Dr. Hills, superintendent of the Central Lunatic Asylum, of Ohio, proposed, in his report to the legislature, that they should purchase a farm of five hundred acres, and erect upon it two buildings, one for each sex, each to accommodate one hundred patients, that other similar buildings, to be clustered in village style, should be erected annually, and that the new institution should be called a Farm Home for the Insane, or, in view of the village style of buildings proposed, a Hamlet Home for the Chronic Insane. Dr. Hills had previously recommended, in 1859, the building of a State asylum for the chronic insane, rather than to turn back the patients upon the counties.

In the October number of the *Journal of Insanity*, (1865), an article on "The Willard Asylum and Provision for the Insane" appeared, the object of which was stated to be: to call attention "to some of the fundamental principles upon which proper provision for the insane is based, and to show, inferentially, that the law fails to meet the necessities of the State," in which it was declared that over the gateway to such vast establishments for the incurable should be written, "All hope abandon, ye who enter here." The

*Subsequently, in 1866, the Hudson River Hospital for the Insane, at Poughkeepsie, was created by the legislature of New York; and in 1869, the Buffalo State Asylum for the Insane.

insufficiency of the law to meet the question of proper provision for the insane was pointed out and argued at length. "There is, perhaps, no subject connected with provision for the insane," it was said, "upon which the verdict of the profession has been more unanimous than their condemnation of asylums for incurables." The writer advocated the creation of three districts, the eastern, the western and central; and the erection in each of a hospital proper, in conjunction with separate buildings, less expensive and of simpler construction than the hospital, and disconnected with it, for the quiet, the filthy demented and paralytics. Buildings of a suitable form should also be erected for the treatment of epileptics. Each hospital should have a farm attached to it, of from three to five hundred acres. Upon the farm, there should be cottages for the employees engaged in the various agricultural and industrial departments of the institution. With these employees the orderly, industrious chronic or the convalescent acute patient might reside. Such an arrangement would permit a certain amount of family life and a larger liberty to this class than are compatible with the organization of the hospital proper. It might be found practicable, after due consideration, to withdraw a certain proportion of patients from the hospital and domicile them in cottages, which could, in a great measure, be constructed at small expense by the labor of patients themselves. That some classes of the insane may be thus provided for, with advantage to themselves and at comparatively small outlay, has been fully demonstrated in asylums in England and on the Continent. It should, however, be remembered that, in the judgment of those European physicians who have had most practical experience, and whose medical and administrative capacities are of the highest order, although this arrangement is attended by the happiest results in certain instances, it has thus far been found applicable to a relatively small proportion only of the insane. Still, as an appendage to the hospital, it would add greatly to the facilities of classification. Its capability of extension, so as to embrace any very large number of patients, observation and experiment can alone determine.

The opinion of the law expressed in the "Summary," in the same number of the Journal from which the above quotation is taken, was that it had given a "fictitious influence" to the exploded theory of separate establishments for the so-called incurable class of insane; that it "was adopted during a period of civil war, when the great question of the day absorbed every thought;" that it was "to some extent based on wrong principles;" and that it was to be hoped that the legislature would "convene under happier auspices, when the defects of the present law" would be remedied.

At the meeting of the Association in Pittsburgh, in July of the same year, Dr. Butler made an address on the subject of "The Condition of the Indigent and Incurable Insane," which is said to have given rise to the most spirited debate of the session. He began by saying that in the early history of the care of the insane in this country, special steps were taken in the direction of provision for curable cases; but at that time, when the Association first met, the present condition of incurable cases could not be foreseen. The question before the Association was: what shall we do with them?

and can we devise any plan at a rational expenditure? He favored a State Farm, with all the appliances necessary for the care of incurable patients. The presence of the incurables in an institution for the curables he believed to be an evil.

The prevailing sentiment of the Association, as demonstrated by the discussion which followed, was in opposition to the separation of curable and incurable cases of insanity; but a committee was appointed to take into consideration the chronic and supposed incurable insane, and the best possible arrangement for their custody and treatment, and to report at the next meeting.

At the meeting of the Association, the following year, in Washington, Dr. Butler informed the secretary, by letter, that on account of ill-health he had not been able to prepare a report. The Association decided to discuss the question, which it regarded as of great importance, without a report from the special committee, and Dr. George Cook was requested to read a paper* prepared by him on "Provision for the Insane Poor in the State of New York."

The essential points made by Dr. Cook, in the paper read by him, were as follows:

That in fifty-five counties of the State of New York, not including New York and Kings, there were, as shown by Dr. Willard's report to the legislature in 1865, thirteen hundred and forty-five lunatics, confined in poorhouses or poorhouse asylums, nearly all of them incurable, some of whom had been returned from the State asylum at Utica as incurable, while others had never had the benefits of asylum treatment.

That the capacity of the Utica asylum was limited to six hundred patients.

That the lunacy laws of New York required the discharge from the State asylum of patients of the indigent or pauper class, when, in the opinion of the superintendent, they were not likely to be benefited by remaining longer, and the room occupied by them was needed for recent cases; and that, under the operation of this provision of the law, the number of chronic insane in the county poorhouses was steadily increasing.

That the condition of hundreds of these patients confined in county receptacles was most deplorable, paupers themselves, surrounded by paupers, cared for, or rather neglected, by paupers, friendless and forlorn.

That there were but three possible answers to the question, what shall we do with these chronic pauper insane now in county poorhouses, namely: (1) Leave them where they are; or, (2) Make provision for them in hospitals constructed in accordance with the propositions of the Association; or, (3) Provide for them in institutions of cheaper construction, and with diminished cost of maintenance.

*In the "Summary," this paper is characterized as "the first labored effort in defense of separate establishments, in this country, for the chronic insane."

That the propositions of the Association asserted that two hundred and fifty was the maximum number of patients which should be provided for in one hospital.

That to leave the chronic insane poor in the county poorhouses was wrong; to provide for all of them according to the propositions of the Association was impracticable; therefore humanity to these unfortunates demanded that the State should make such provision for them as was within its power, even if not in accordance with the propositions.

That the objections to separate provision for the chronic insane were fallacious; but that even admitting their force, it would be wiser to accept separate provision, if nothing better was attainable, than to adhere to the unattainable and get nothing.

That the great obstacle to State care of all the insane was the cost of support under the existing hospital system; and that not only might the chronic insane properly be provided for in less costly buildings than those erected for curative treatment, but the cost of maintenance might be considerably reduced.

Dr. Cook replied to the attack upon the Willard law in the October number of the Journal of Insanity, in substance as follows: He pointed out that the propositions were adopted many years ago, and were based upon the condition and apparent wants of the insane at that time; that they looked only to the erection of small hospitals, mainly for the treatment of recent cases, and ignored the fact that the county poorhouses were as much a part of the actual provision for the insane as the State Asylum, neither did they point out any remedy for the evils complained of. On the contrary, the "hospital" system, as administered, was a barrier to any effective action in the direction of checking the growth of the county receptacles. He insisted that an institution for the chronic insane cannot be properly denominated an institution for incurables, since "the medical solecism of pronouncing any patient incurable is hardly worthy of notice." He repudiated the imputation that he supposed that any institution for the insane could be made self-supporting through the labor of the inmates. He called attention to the fact that the separation of the chronic insane was not an original proposition with the friends of the Willard Asylum, but an existing fact; that they were separated in the poorhouses from the supposed curables in the State Asylum, and would not be any more separated than they already were, if they should be gathered together in a State institution, under proper medical supervision. He presented to the Association an alternative method of caring for them, if they would not approve of the Willard Asylum, and said: "If there is any better practical solution of this question, I beg that it may be brought forward now. * * Were all the insane poor of our State provided for in State hospitals, or did I believe that such provision could be obtained for them, I should not now come forward as a defender of a separate and distinct asylum for the chronic class. * * These less expensive buildings for the quiet and industrial classes might be erected upon the farms connected with our State hospitals, and separate provision be thus made for the chronic insane. I am inclined to the opinion that some plan of this kind will be eventually adopted."

The historical importance of this paper is such, that a less full abstract of it than that which has been here given would be insufficient for the truthful elucidation of the origin and progress of the controversy which followed. Its reception by the Association was remarkable on many accounts, but chiefly because it was so completely misunderstood. To a fair-minded man, in the light of subsequent events, it would seem that the only answer which could be made to it would have been to show that provision for all the insane, in accordance with the propositions of the Association, on what he terms "the hospital system," was not (as Dr. Cook believed it to be) impracticable. This was in fact the ground taken at the time by the majority of the members present, though there were a few who thought as Dr. Cook did on this question.* But the general tone of the debate, upon which we refrain from comment, was such, that the author of the paper, in closing it, very justly said that "the discussion had taken a wide range and much had been said which had little bearing upon the question presented," and alluded with genuine pathos to "the denunciation which had been heaped upon him and other friends of the Willard Asylum, as advocates of 'cheapness' and 'inhumanity.'"

Dr. Walker, on behalf of the special committee on the care of the chronic insane, proposed a series of resolutions, of which the fifth declared that "demented persons, in whose cases the disease is chronic and advanced, may, with propriety, be provided for in institutions other than hospitals, but always in buildings constructed expressly to meet the requirements of their peculiar condition, with such arrangements and provisions for their care and custody as shall effectually secure them from the danger of abuse and neglect to which, as a class, they would otherwise be specially liable, and under the entire control of a competent resident physician." This was rejected. Dr. Chipley moved, as a substitute, the resolutions of the superintendents of the poor of the State of New York, quoted above, (page 11) but subsequently modified his motion to include only the first and second of the second series, which were adopted. Dr. Cook asked the Association to qualify the propositions so far as to admit that if the question presented in any State be: Shall the chronic insane poor continue to be confined in county poorhouses, or shall provision be made for them in special asylums at a less cost than in hospitals? on this question the Association would accept the special provision, if hospitals were not attainable, and abolish the county receptacles. But this the Association would not agree to. On the contrary, it voted that "all hospitals for the insane should be constructed, organized and managed, substantially in accordance with the propositions adopted by the Association in

* Dr. Chipley said that he conceived the combination of the asylum and hospital principle in one institution to be the best plan. Dr. Bancroft thought that if any modification of the existing system was called for, it might be accomplished by a system of classification under which the chronic insane should be provided for in buildings attached to regular hospitals, under the care of the regular superintendents. Dr. Brown saw no objection to the annexation of a department for the chronic insane to an ordinary hospital, under the same general supervision. Dr. Walker agreed with Dr. Brown, and added that in his own case in Boston he would advocate the erection of a contiguous building especially for the chronic insane, to be under the same direction. Dr. Nichols took the same ground. Dr. Earle thought that the addition to the State alm-house at Tewksbury for the chronic insane might have been made as cheaply at one of the State hospitals for the insane already established.

1851 and 1852, and still in force," and that "the enlargement of a city, county or State institution for the insane * * may be properly carried, as required, to the extent of accommodating six hundred patients (the number then in the New York State Asylum), embracing the usual proportions of curable and incurable insane in a particular community." The adoption of these resolutions, taken together, was an affirmation of the doctrine that the incurable insane must be cared for in institutions for the curable, constructed after the then existing type of hospitals for the insane in the United States, but upon an enlarged scale. This was in accordance with the opinion expressed by Dr. Kirkbride, that "the only proper mode of providing for the chronic insane, is for every state to erect just as many hospitals as are necessary to provide for all the insane, and that the propositions of the Association of Medical Superintendents, both in regard to construction and organization, should be fairly carried out."

There is no more reason to doubt the honesty of the Association in its opposition to the views expressed by Dr. Cook, than there is to question the honesty and humanity of feeling which prompted their expression by him. It may well be believed that both parties to the controversy sincerely desired the welfare of the insane, and of all the insane; but the difference between them related to the mode of provision on the part of the State. There was no possible escape from Dr. Cook's analysis of the situation. All were agreed that the county poorhouses were unfit places in which to keep the insane, even the pauper insane. The friends of Willard said: the State will not build hospitals for the care of incurables; let us build asylums. The opponents of Willard replied: The State *will* build hospitals for incurables, and the proposal to build asylums is a suggestion to lower the standard of care of these unfortunates, which we must resist with all our might.

After the lapse of nearly twenty years, with the added experience and knowledge gained during that period, it appears that the friends of Willard were right, and their opponents at fault, in their conclusions. The question was argued, at the time, on the assumption that it was simply a question of caring for the chronic insane together with recent cases or separately. In reality, this question, instead of being vital, as it was supposed to be, was so entirely subordinate to the main question at issue, that it might have been completely ignored, as of no practical moment. The true issue was, whether the State could or would build hospitals, constructed in accordance with the propositions, in sufficient number and of sufficient capacity, to empty the poorhouses and accommodate all the insane who were destitute of homes, or who could not, for any reason, be kept at home; and if not, whether it would be practicable and right to build up institutions of a simpler type of construction, and of a less expensive pattern, in which to collect together the chronic insane of the State, under proper medical oversight and control, rather than leave them to perish in the county receptacles. Whether there should be one such institution or several; whether it should be on the grounds of a State hospital for the insane and under the same general management, or distinct and separate; whether it should or should not receive curable cases for treatment; were questions wholly subsidiary in importance.

At the meeting of the Association in Philadelphia, in May, 1867, Dr. John B. Chapin re-opened the question of provision for the chronic insane poor, by reading an article so entitled. A careful study of his paper reveals its motive, which was to secure additional provision by the State for the care of the chronic pauper insane, in such a form and under such restrictions as to secure the discontinuance of the system of county care, by rendering it impossible to divert the provision made from its actual intention. But if separate provision could not be made for these unfortunates, then he sought to have the Association commit itself to the position that they should not be discharged from hospitals for the insane unless restored to reason. Under no circumstances should they be sent to poorhouses. He thought that institutions for the insane should be first curative, but also custodial, in their character-- not hospitals only, but asylums as well. He quoted the French Commission as in favor of the separation of the recent and acute from the chronic and incurable, for both economical and medical reasons. But he would be satisfied if detached buildings for the reception of those whose sufferings he sought to alleviate, supplementary to hospitals, could be erected. (One-third of all the patients would probably require the accommodations of the hospital structure. * * * The establishment would permit of considerable enlargement, and the average cost of support thus be materially reduced; the buildings would not cost exceeding one-half (*per capita*) the amounts usually expended in this way: and a most important result would be accomplished in the great reduction of personal seclusion and restraint that would ensue.

In opposition to the views expressed by Dr. Chapin were quoted the propositions adopted by the Association the year before; that hospitals for the insane should be constructed, organized and managed in accordance with the propositions adopted in 1851 and 1852; and that "the facilities of classification or ward separation possessed by each institution should equal the requirements of" both recent and chronic cases. The interpretation put upon these declarations was undoubtedly unfavorable (1) to classification in separate institutions, and (2) to classification in separate buildings. The separation must be by classification in *wards* of a single building; but the erection of a building with a capacity of six hundred patients, though not desirable, might be tolerated as a necessity, under the pressure for additional room.

At the meeting of the Association in Hartford, in 1870, Dr. Jarvis gave utterance to his opinion, in a paper on "Proper Provision for the Insane." After remarking on the great variety of types of insanity and the corresponding variation in treatment which this diversity suggests, and declaring that some of the insane may be restored at home, while others only require separation from disturbing causes, in order to their restoration, but that others still need both separation and supervision, he entered upon the examination of the question whether the hospital, as now constructed, is adapted to the various conditions and wants of all classes of patients. The history of the treatment of insanity shows that the original conception of this affliction was that it was due to possession of the devil, and therefore the patient must either be rescued from the control

of his demoniac possessor by the intervention of supernatural agency, or else, as a sinner, be punished as his case seemed to demand. But, as the supernatural or miraculous power of healing was not given to man, "the punitive method became the rule which was, for centuries, adopted by the world. Sometimes, according to the rude notions of the period, the triple purposes of religion, medicine and justice were combined in the treatment of lunacy. In the middle ages, when the monasteries were, in a manner, hospitals, to which the sick resorted for care or relief, the Franciscans had especial charge of the insane. In one of their establishments, some of these severe disciplinarians applied to their lunatic patients the same rule of chastening that they did to themselves, and gave to each one ten lashes a day. * * The lunatic hospital, as it now presents itself, as a curative institution, is modern. * * The question arises whether hospitals cannot be so arranged as to meet the varied wants, capacities and liabilities of the inmates: whether they may not provide and offer comfortable, home-like accommodations for the mild and the trustworthy, as well as security for the dangerous, and all the intermediate grades of strength and pleasant convenience for the intermediate grades of mental disorder. * * Instead of one uniform construction in every part, with the same means of confinement for all, in a single building, there should be separate buildings, differing in structure and character, according to the necessities of the various classes of patients. While some may be strong as the whole now is, for the untrustworthy and violent, others should be built in the form and manner of ordinary dwellings, with generous, confiding and unbarred windows and doors, such as the patients have been accustomed to in health. * * In all of these the confinement and liberty can be measured in accordance with the condition of each patient. * * It would be a boon to a large portion of the milder patients, to be allowed to be under the faithful care and skillful treatment that now protects and heals them, and yet suffer no needless pain and mortification, and no unnecessary circumscription of their remaining enjoyments. It is not proposed here to adopt the system of Gheel, nor the cottage system of Scotland, nor that of Clermont, but the power and virtue that belong to them are not to be overlooked."

Dr. Jarvis' paper was not discussed until the following meeting, at Toronto, in 1871. Among those who favored the views which he expressed were Dr. Landon, who said: "The cottage system, I believe, is desirable, because it gives liberty and domesticity." Dr. Parsons said: "Asylum accommodations can be increased so as to be admirably adapted to the wants of these classes (the quiet and the incurable) by the erection of detached buildings, one or two stories in height, at a little distance from the main structure—near enough for convenience of administration, but so far off as not to interfere with the completed plan. These buildings should be constructed in a simple, economical manner. There need be no separate rooms for patients, and no strong guards for the windows. Considerable advantage would be gained by erecting these buildings two stories in height, using the upper story as an associated dormitory, and the lower story as a day-room. The large day-room and the associated dormitory are admirably adapted for quiet, but untidy and

filthy cases, that require constant supervision throughout the whole twenty-four hours; while the situation of the day-room on the first story so diminishes the trouble of getting the patients out into the open air, that in point of fact they will enjoy this agreeable and healthful mode of life to a much greater extent than they would if a flight of stairs intervened between the day-room and the airing courts." Dr. Hughes said: "In my own experience, I do know that there are numerous patients who certainly derive benefit from being assigned to nicely constructed cottages upon the asylum premises, allowing them the utmost latitude compatible with their physical and mental welfare, and not having them under lock and key. It is a much more economical system than the present one." On the other hand, Dr. Ray questioned whether the patients would be any happier from being managed in the way proposed by Dr. Jarvis; also whether the supervision absolutely necessary to the proper management and treatment of the insane could be secured in scattered buildings. He thought that the facilities for elopements and escapes would be better. Dr. Kirkbride said that he had built a cottage on the grounds of the Pennsylvania Hospital, in 1854, but that experience had taught him not to build a second; even the highest officer would find himself making excuses for not visiting these detached structures on cold and stormy nights, and on other inconvenient occasions. The system only leads to the transfer of responsibility to subordinates. Dr. Gray said that just such views as those advocated by Dr. Jarvis, sent forth to the public, are more injurious to hospitals than even the public prejudice that exists through ignorance and superstition.

In the July number of the *Journal of Insanity*, following the meeting of the Association in 1870, an important article was printed, on "Hospital and Cottage Systems for the Care of the Insane," in which the position that "the best arrangement for all the material purposes of a large asylum, so far as a good experience goes, is that of connected buildings, either under one roof, or so adjacent and communicating by protected passages that they may all be readily accessible, at a moment's warning, by the superintendent and attendants, without exposure to the weather, and that all necessary transfers or removals of patients may be promptly made without a like exposure and without much observation," was maintained by a number of arguments. "Such a plan excludes the idea of detached buildings, except, perhaps, porters' lodges, tenements for gardeners and workmen, and such external conveniences as may be demanded for outside service. The compactness and order of such an arrangement, as compared with detached buildings, call them cottages or what you will, is so advantageous for economy of structure, of repairs, of supervision, of attendance, of removals, of classification, of recreation and diversion, and of household service, that such circumstances should give it, as they have done in this country, a decided preference." "It is proposed by some that the cottages should be scattered about in the vicinity of a central hospital building and its offices; sufficiently remote for isolation, but not so distant as to be removed from the supervision of the hospital officers. On the score of economy, which seems to be the chief pretext for such an arrangement, they must signally fail. In a sanitary view, the cot-

tage system in any way of management, by isolating chronic cases from the rest, adds to the unhappiness of a state already sufficiently unhappy."

These citations will suffice to show the new form which the controversy as to the best practicable mode of caring for the insane had now assumed. It was no longer a question of separate establishments for incurables. In fact, only four such establishments, owned and controlled by states, and not by counties or municipal corporations, have ever been founded in this country,—Willard and Binghampton, in New York; Tewksbury, in Massachusetts; and the State Farm, at Cranston, in Rhode Island. These are not, strictly speaking, for "incurables," but for chronic insane paupers.

It was at this moment, when the question under discussion had so far changed its form, that it was rather that of separate buildings than of separate institutions, that the Board of State Commissioners of Public Charities for the State of Illinois was created, in 1869.* Without hesitation, and as if by instinct, it assumed the position that the classification demanded by the interests of all parties, especially of the insane themselves, was not in separate wards of one building, on the one hand, nor in separate institutions, on the other. It took the only remaining alternative—separate or detached buildings, for the care of both recent and chronic cases, in a single institution, under a single head. This was really middle ground between extreme views on both sides. It was not unacceptable to Dr. Cook and his friends, for Dr. Cook had said, at the meeting of the American Social Science Association, in New York, in 1867, "The proposition in behalf of the chronic insane poor is simply this: Either in proximity to our present state hospitals for the insane, or in connection with those to be built hereafter, or separate from either, if necessary, build for them suitable homes. It is impossible to secure the necessary conditions in our county poor-houses. Give them a hospital building, with every convenience for the care and treatment of the smaller number of excited and paroxysmal cases, and, for the more quiet and industrious class, erect less expensive buildings, at suitable places upon the farm, as necessity and convenience may require." The Illinois Board in effect acted upon the principle "*in medio tutissimus ibis*."

The Board was organized, April 27, 1869, and at its October meeting ensuing, it issued a call for a conference of the State officers, together with the trustees of the three insane asylums of the State, to consider the respective merits and demerits of the two systems, (one large building, with wards, or separate and smaller buildings), with a view to determining which of them should be adopted in the erection of the two new institutions at Elgin and at Anna. It applied to every superintendent of every hospital for the

*Three similar boards were then in existence, in the states of Massachusetts, New York and Pennsylvania.

insane in the United States for an expression of opinion upon this question; and when the conference met, in Springfield, November 10, their replies were submitted to it:*

Three superintendents of insane hospitals were present at this meeting: Drs. McFarland and Patterson, of Illinois, and Dr. Woodburn, of Indiana. The principal address was made by Dr. McFarland, who said: "For those who do not need them, the bolts and bars found in all our asylums are not only no advantage, they are positively injurious. They irritate many patients and retard their recovery. The present system of architectural construction adapts the entire institution to the demands of its smallest and worst class, while for the great majority all of these appliances are utterly unnecessary. Besides irritating the patient, confinement abridges his sources of recreation. * * Under the existing system of confinement, he has not sufficient useful employment. * * The insane asylum, constructed upon the monastery plan, is a costly institution. * * We need more of the element of home life in the treatment of the insane. * * I would not abolish the old form of the institution. I hail the fact that the two systems may exist side by side. I would have the central hospital in the foreground. At a little distance I would have a group, not of cottages—they should be houses, of two stories in height, each to accommodate its forty inmates. * * Under this system, the facility of extension would be very great. * * Classification could be more complete. * * We shall rather protect than weaken the close

**Dr. Barstow* wrote: "The plan proposed for the new State asylum in Illinois is one which commands my warm sympathy and approval. * * In my judgment, the arguments in favor of the family system far outweigh those against it."

Dr. Tyler: "I am delighted that Illinois is disposed to step out of the long-followed track. * * Let there be the hospital proper for the care of those acute cases which require restraint; and then let the rest be cared for in houses of cheaper construction, more domestic aspect, and with less of the machinery of restraint."

Dr. Bemis: "For five years in succession I have pressed upon our trustees the necessity of adopting the segregate system. Within three months past, I have purchased an estate of about two hundred acres, within the city limits, (Worcester, Mass.,) for the purpose of carrying out my plans, and my trustees have voted to petition the legislature for permission to execute them at once. The plan is briefly this: A central hospital, for about one-third of our whole number, comprising of course the violent and dangerous, the acute cases and the very feeble. On the one hand, at a little distance from each other, a group of houses for the females; and on the other hand, at a little distance from each other, a similar group for the males. * * I hope to execute it."

Dr. De Wolf: "The proposal to erect a building upon the present plan, and to supplement this by detached cottages near the main structure, is a scheme which commends itself as worthy of trial on this side of the Atlantic. It has been found to work well, for years past, in Devonshire, England, and elsewhere."

Dr. Earle: "As I am far from the positive belief that the general plan of our hospitals for the insane is the best that can be devised, I should be glad to have a trial made of the plans mentioned in your letter."

Dr. Schultz: "Our successors, fifty years hence, will probably look back upon the present mode of treating the insane, with feelings akin to those which we now experience, when we think of the bars and chains in use at the time when the reforms were inaugurated in England and France, half a century ago. * * Your letter, and the meeting at Springfield, I believe, should be taken as an omen of some substantial advance, not very remote, in the care of the insane."

Dr. Jarvis: (To Dr. Chas. A. Lee, of Poughkeepsie, N. Y., read by permission). "In regard to hospital construction, my main idea is: *repression limited by the needs of the patient*; hospitals diverse in their parts—not built in one magnificent block, to suit the architect's eye, and be praised by the outer beholders, but varied to meet the wants of the patients. The hospital should be in detached sections; the houses separated and diverse; all the parts as nearly like an ordinary house as possible, to remind the inmates as little as possible of repression and confinement. Few of them should have gates or locks. They should have wooden-sashed windows, and light, airy rooms, looking not on another wing, like itself, with strongly barred windows, but on trees, lawns, fields, or other attractive dwellings."

supervision which a good humanitarian propose dictates. * * I believe that the influence of this discussion, whatever may be the immediate result, will sooner or later be felt by the entire nation."*

The following resolutions were unanimously adopted:

Resolved, That in the judgment of this conference, a combination in insane asylums so far as practicable, of the cottage system with that at present in vogue, is desirable.

Resolved, That there are weighty reasons for the belief that such a combination is practicable, and that it would increase both the economy and efficiency of asylums for the insane.

These resolutions exerted no immediate influence in the modification of the plans for the institutions at Elgin and at Anna; but they prepared the way for the establishment of the institution at Kankakee, some years later.

The want of space compels us to pass without notice many of the indications of progress in thought upon this subject, during the next few years; but we must quote, from a special report to the Pennsylvania House of Representatives, in 1874, relating to the insane, the language employed by the Commissioners of Public Charities of that State: "Although every hospital built and projected [in Pennsylvania] has been recommended to the legislature with the same view, namely, with a view to provision for the *indigent* insane, the system pursued in this State since 1861 has not extinguished and never will extinguish or even abate the evil. The unnecessary expensiveness of these hospital establishments for the indigent insane, and the liberal admission into them of 'paying patients,' forbid the realization of the intentions and desires of the legislature and of the public. The high cost of these structures is on every ground unnecessary and injurious to the interest of the class for whom they are provided. We believe that it is practicable to attach, to all the hospitals for the insane of the State, supplementary buildings, for the accommodation of quiet, tranquil patients, who usually find their way to poorhouses, jails, etc. These buildings can be constructed, including steam, water and gas, for not over five hundred dollars per patient."

The history of the origin of the Kankakee Hospital for the Insane may be given in a very few words. The act by which it was created was passed by the legislature of Illinois in 1877; the plans (in part) were adopted in January, 1878, and work commenced during the spring of that year. The committee which recommended its creation had said: "We have left the question of the mode of construction open to examination and decision by the board of trustees, in the hope that they may be able to ascertain and demonstrate the feasibility of a reform, by the adoption of the village plan of construc-

* This was not the first public utterance by Dr. McFarland on this question. In 1868, at the meeting of the Western Association for the Promotion of Social Science, in Chicago, he had read a paper entitled: "What shall be done with the Insane of the West?" in which he said: "A single type has given impress to all our institutions. Nothing has broken in upon the stereotyped monotony of their interior. It would seem as if the insane man was regarded as a species of mollusk, whose shell must concrete about him in a form pre-determined since creation. * * * The radical fault of this system is, that the individuality of the subject is stifled and lost in the immensity and compactness of the organization in which he exists. * * * Insane asylums must be, as it were, decentralized; so much of their truly good features retained as adapt them to the necessities of the appropriate class, and into the remainder must be incorporated so much of the home element, in construction and care, as the great classes above excepted (the chronic, harmless insane) imperatively demand."

tion, with detached buildings." The trustees hesitated to take the responsibility of the innovation, but consented to accept a plan which was so devised as to admit of the construction of certain portions of an establishment which might in the outcome assume either the congregate or the detached form, and to let the next General Assembly decide whether detached buildings should or should not be erected. Mr. Wines, Secretary of the Illinois Board of Public Charities, was sent to Europe, in 1873, by the State, to attend the International Penitentiary Congress, at Stockholm, and during his journey he made such observations on the methods of caring for the insane, in Great Britain and upon the Continent, as enabled him to submit to the legislature of Illinois a report, which resulted in the making of appropriations for detached buildings at Kankakee. Thus the policy of that institution was determined and forever settled by the highest authority known to the law, under the constitution.

At this point, it is proper to remark that, much as Gheel and Clermont and the Scotch system have been discussed in this country, the application of foreign experience to our own needs has not been correctly apprehended by some of those who have taken a prominent part in the debate. They have spoken as if it were proposed to imitate that which exists abroad, in disregard of the different conditions to be found in the United States. The true bearing of the many reports which have been made on foreign care of the insane is to show that the method of care practised in American hospitals for the insane is not the only practicable method, and that it is therefore susceptible of modification, in accordance with the conditions which exist this side of the Atlantic. Whoever makes the tour of foreign countries in the interest of the insane will find that they are, in one place or another, very comfortably and successfully cared for outside of institutions, and in institutions of the most dissimilar types of construction; that they can dine in common dining-rooms, instead of each ward having in it a separate dining-room; that they can sleep in associated dormitories, instead of in single lodging-rooms; that they can be held, without bars on the windows, and even in rooms with unlocked doors; that the "corridor" required by the propositions of the Association can be dispensed with, and a day-room on the ground floor be substituted for it; that instead of heating wards by steam, they can be and are heated, in some institutions of the highest reputation, by fires in open grates; that the number of patients in a separate ward may vary indefinitely, from one to eighty; that insane patients can be and are trusted in the fields and upon the public highways, with or without an attendant in charge, and in large numbers; that the proportion of them who may be usefully employed is very large, and the proportion who require mechanical restraint very small. These discoveries shake the faith of the observer (who cannot distrust the evidence of his own eyes) in the supposed necessity for an absolutely rigid adherence to a single type of hospital construction, and tend to convince him that detached buildings are not so impracticable nor so objectionable as the advocates of the "main central building with wings," whose enlargement "may be properly carried to the extent of accommodating six hundred patients," have been in the

habit of insisting. That is all. It is not necessary to substitute either Gheel or Clermont for the existing American institution for the insane. A new combination of the elements which enter into successful care and treatment of these unfortunates is possible; and at Kankakee such a new combination has been attempted. It is not the only possible combination; it may not be the best possible combination; but it demonstrates the possibility of a departure from the corridor plan, and that there are certain advantages in such a departure. But Kankakee resembles neither Gheel nor Clermont, any more than it resembles Danvers or Morris Plains.

Gheel was discussed at the meeting of the Association of Superintendents in 1879. Dr. Shew, of Connecticut, had visited it and reported his impressions. In the debate which followed, Dr. Lathrop said: "I think that an institution for the harmless and incurable should be established on the grounds of a hospital adapted to the treatment of acute cases, and under the same superintendent. Undoubtedly, as Dr. Bancroft has said, the people demand cheaper buildings than many of the large hospitals." Dr. Nichols said: "It has long seemed to me that the only practicable solution of the difficulty is the one just suggested by Dr. Lathrop. It is certain that the added wards for the chronic patients need not cost, per patient provided for, more than one-third of the cost of our original establishments for two hundred and fifty or three hundred cases. It is my strong impression that the chronic, poor insane can be comfortably and properly taken care of at considerably less cost than the acute and active cases. The chronic, dependent insane, of whom there are large numbers, must be taken care of, and the question is: what is the best plan of doing it, that the representatives of the people will adopt? Such additions may be detached or otherwise, to suit the site, or the views of those in immediate charge of a particular hospital. The Association has not approved of detached wards, but, while I think a continuous structure preferable, I do not think detached wards as objectionable as some of my friends in the specialty do." But Dr. Kirkbride said: "My friend, Dr. Nichols, has expressed sentiments that I trust the Association will be very careful about adopting. I trust we shall be exceedingly careful how we give countenance to the idea that the chronic insane are to be treated in a different kind of structure from what is proper for the acute cases, and especially how we countenance the idea that the people of this country are not able and willing to take proper care of all the insane, no matter what is their condition."

Notwithstanding the opposition to provision for the chronic insane "in a different kind of structure from what is proper for the acute cases," the growth of the conviction that such provision is necessary and desirable, as well as practicable, has been most rapid, as the following citations from recent reports of institutions for the insane will show:

ALABAMA: "Another expedient for meeting the demand for more room is the enlargement of the present accommodations here in Tuscaloosa. This can be done, either by adding new sections to the ends of the present building, or by the erection of a detached building for the exclusive occupation of the harmless and incurable insane. Of these two, our preference is for the latter. The cost of erecting the detached building will be less in proportion to the number accommodated. Intended only for the quiet and harmless insane, the wards can be made much larger and fewer in number, and the furniture and appointments far less expensive, than those of the present building. The difference in the cost of supporting the acute and chronic cases is much greater than would be supposed

by those who have had no experience in their care and treatment, and in a separate building the cost of support of the chronic class can be very materially lessened. For many other reasons, sanitary and economic, the segregation of the two classes in separate buildings is very desirable—so much so, indeed, that I should recommend that system in the construction of every new hospital for the insane."

CONNECTICUT: "The philanthropic spirit of the age demands cheerful halls, large windows, light furniture, open doors, and the total abolition of mechanical appliances for personal restraint. And these demands are just, when applied to the great principles which should govern us in the treatment of ordinary cases of insanity. * * * Our new south hospital for the chronic insane has been occupied more than two years. This experience convinces me that the plan of supplemental buildings adjacent to the central hospital is the true solution of that most difficult problem—how best to provide for the chronic insane. In this respect we followed the lead of the Willard Asylum, at Ovid, N. Y. Since then, Dr. Godding has adopted the same policy at the Government Hospital for the Insane at Washington, D. C. And now the State of Illinois is erecting buildings at Jacksonville, modeled after the plans of our new south hospital. Let me not be misunderstood in advocating the plan of separate buildings. I deem it of paramount importance that each building should be large enough to employ all of the time and best energies of an assistant physician, who, with his family, should reside in the building, and be responsible to the superintendent for its proper detail management."

IOWA, (*Independence*): "When all parts of Iowa have been provided with curative institutions, then detached buildings, for such incurable insane as are quiet and in good physical condition, can be erected, when needed, in connection with either hospital. Such a building may be made two stories in height, and large enough to accommodate one hundred patients of either sex. It would be less expensive than a commodious for an equal number in the hospital proper, because it need not be divided into single rooms; the second story would be one large associated dormitory, to be used by all at night; the first story would contain a large dining-room and a day-room. This detached building would have a kitchen, but no bakery or laundry. Such a building would serve well in connection with a hospital, but not at a distance from and independent of it. Even if suitable cases are selected for such quarters at the outset, one and another will soon become unfit for the 'congregated' mode of life. Sickness or excitement will make it necessary to remove patients to one of the hospital wards. Exchanges can be made, and suitable cases supplied, without inconvenience or expense, if these buildings for incurables exclusively are connected with the hospital."

KENTUCKY, (*Hopkinsville*): "We have had, for some years, detached quarters for a class of quiet male patients—accommodations better, in many respects, in my judgment, for such persons, than can be had in any very large building. I have been anxious to make similar arrangements for a few females, as a test of the expediency of establishing a more domestic mode of life for such as can be trusted; to give them a larger liberty than is usually found in asylums for the insane; and to remove them as far as possible from the disagreeable associations unavoidably incident to a residence with any considerable number of insane people. Such provision will also obviate the necessity of sending those fit with certain nervous troubles to private asylums out of the State, where better surroundings and more privacy may be obtained than in most public charitable institutions. As means are available, such additions to this and others of the State charities would be multiplied. To secure the ends suggested, I have built a substantial and well-finished cottage, at some distance from the main building, yet near enough for constant medical oversight, with all the appliances of a home-like dwelling, including open fire-places, dining-room, kitchen, bath-room and water-closet. It will be handsomely furnished, then put in charge of a responsible matron and needed attendants. I believe that in this cottage, and another now in use, it will be demonstrated that a system of detached buildings is, in most respects, preferable, for a large class of inmates, to the present manner of asylum construction."

MARYLAND: "Cottages could be built in connection with the institution, for the quiet, chronic class of insane, who do not need the restraints of the large, strong hospital, but who are not able to manage for themselves away from some hospital."

MASSACHUSETTS, (*McLean*): "We tried the experiment, the past year, of a cottage on the sea-shore, at Lynn, for some of the patients, during the summer months; and the results were so satisfactory, that it will be repeated, the coming summer, on a somewhat larger scale. * * * Six ladies spent all or a part of the season there; and communication by railroad being easy, nearly every week parties of ladies were sent to spend the afternoon there, to dine or take tea. This usually included some pleasant hours spent in strolling on the beach or sitting on the rocks, and was altogether a source of much pleasure and benefit."

MICHIGAN, (*Pontiac*): "A more feasible means of relief would be the erection of supplementary buildings in connection with each of the present asylums for the insane, for the care of selected patients in good bodily health, who do not require constant supervision and care. Such buildings need not be expensive. The great bulk of patients occupying them could be cared for in dormitories, and a large degree of personal liberty could be afforded. * * * Buildings of the character mentioned can be operated in connection with the present asylum buildings at less proportionate cost than institutions for the chronic insane simply, and their working would be vastly more satisfactory. After a careful consideration of the subject, I am of the opinion that thirty per cent. of the present inmates of asylums could be provided for thus."

MISSOURI, (*St. Joseph*): "I am almost persuaded to assert my belief that less expensive segregated cottages, erected on asylum farms, for the treatment of the improved and chronic insane, sufficiently near the main edifice, where all can be under one supervision, and where exchange of patients may readily be made, when the condition of the patient requires it, would be a very great improvement on the present mode of provision and treatment of the insane."

NEW YORK, (*Willard*): "Guided by our observations here, were we to undertake a new or similar work, such as we have been engaged in, we would advise further changes in the direction we have taken, which we are more firmly convinced, with every year's added experience, was a move in the right course. The Willard Asylum now consists of a central hospital structure, accommodating five hundred and fifty patients; four groups of detached blocks, each group embracing five blocks; and the former State Agricultural College building, modified as was practicable for the insane. We know of no good reason to depart from the general idea which has prevailed; but experience has suggested desirable changes and modifications. If the plans of an asylum or hospital contemplated provision for fifteen hundred patients, a central hospital building, adapted to the care of three hundred cases of the acute or paroxysmal class, would suffice and prove to be a liberal allowance. With the general plan of our groups, and the conveniences of administration they furnish, we are well satisfied, and have no changes to suggest, except as to the interior arrangements. It would be better to place patients on the first floor during the day, and on the second floor at night, to sleep, dispensing with many of the partitions now in use. For the care of demented, paralytics, epileptics, and helpless, bed-ridden patients, and patients with dirty habits, we would propose a special provision in the nature of a one-story structure, the essentials of which would be: a large day-room, with a broad veranda on all sides; a large dormitory adjoining, and communicating with a few single rooms for temporary isolation of noisy patients at night; and ample provision for a night service."

OHIO, (*Cleveland*): "The construction of additional buildings on the grounds of this asylum is feasible, and, if adopted, would bring relief to the district. I have, in former reports, advocated this method, and still am of the opinion that it possesses many advantages."

(*Dayton*): "The open ward, spoken of in the report of last year, has been continued as such. It is gratifying to note that, during the year, but two patients from this ward have eloped; and one of them, after four days' absence, returned of his own accord. I am convinced that a number of those who have occupied this ward have been benefited, and their recovery hastened, by having the comfort and satisfaction of going out and in at pleasure."

RHODE ISLAND, (*Butler*): "Plans have also been prepared, and are on file at the hospital, for detached cottages, one for each sex, designed to receive a few such patients as need care and treatment away from home associations, but desire more ample accommodations than the ordinary wards of a hospital can give. One of the proposed cottages will accommodate half a dozen boarders, giving to each a parlor, dining-room, sleeping-room and bath-room, with attendant's room adjoining, and, if desired, a private work-room or library. They will be situated near the main hospital, but entirely screened by trees, and will command some of the finest views of the landscape and the river to be found upon our grounds."

SOUTH CAROLINA: "The 'Kankakee' system is essentially a combination of the hospital and cottage systems; a substantial central building for the proper custody and treatment of violent and acute cases, and simpler detached houses which form the homes of the homeless incurables. * * * I have thought that this system, which I have observed in practical operation, is, in its main features, the one best adapted to our requirements. It, in fact, is doing from choice, and therefore with more system, what we have been doing from necessity. Five years ago, when the main buildings became crowded, and we had no appropriations for their extension, we began the erection of plain but comfortable frame houses in the various courts. In this way we have from time to time provided for the increasing population, until now we have more than two hundred quartered in these detached buildings."

We have so fully described the Kankakee hospital, in former reports, that it is unnecessary to repeat the description here. The institution is only fifty-six miles from Chicago, on the Illinois Central railroad, and is easily accessible.

The principal ends sought in its construction were: (1) the cheapening of the cost of building, in order that a larger number of the insane of the State might, with a given appropriation, be furnished with proper quarters, attendance and medical oversight, thus relieving the county poorhouses of the pressure upon them; and (2) the application of the principle of graduated restraint, or differentiation in the treatment of the insane, so as to allow to each patient the largest measure of personal liberty of which he is individually capable. Some of the incidental results hoped for were: the introduction of a simpler and more natural mode of life; the disuse, so far as possible, of mechanical restraints; and an increase in the amount of useful labor by patients. These ends have to a very considerable degree been attained, particularly that of diminution in the cost of construction, which is due to the diminished

height of the buildings and the smaller number of rooms and passages. All the appropriations thus far made, for land, buildings, and furniture, including the sewerage, water-supply, gas-works and improvement of the grounds, with all the out-buildings, aggregate something less than one million dollars, while the capacity of the institution is fifteen hundred patients. The *per capita* cost of construction, therefore, is about one-half the average cost of hospitals on the corridor plan. The effect will be to accomplish, for the present, the great design of emptying the county poorhouses of this State.

The main features of the plan adopted are: A complete system of sewerage, lighting and water-supply, by mains laid down in regular streets, with gravelled roads and sidewalks, bordered by shade-trees; a hospital proper, on the corridor plan, for three hundred patients, fire-proof throughout, with a centre building for the medical staff; detached buildings of various sizes, and with different internal arrangements, for groups of patients of both sexes; (most of these detached buildings are without bars on the windows: all of them have large porches for the use of patients in the summer season); all the domestic buildings commonly found in institutions for the insane, such as a general kitchen, laundry, boiler-house, etc., with the addition of a general residence for employees, a general dining-room for a portion of the patients, a general bath-house for women, and a general store-house for supplies, with offices for the transaction of business and keeping of accounts, separate from the medical department; all of these buildings are of stone, and well and substantially built. The impression made is that of a village for the insane: not a *commune* like that of Gheel, in Belgium, where patients board in the cottages of peasants, singly or in pairs; nor a colony like that of Fitz-James, at Clermont, in France. It is a village, in which all the sane residents are salaried employees of the State, with its dwellings, its shops, its chapel and its theatre, all free to the insane inhabitants of Illinois.

The advantages of this system are:

- (1) Comparative exemption from the perils of conflagration.
- (2) Improved sanitary conditions in the detached buildings, in consequence of their smaller size.
- (3) Diminished social pressure and friction among the inmates, on account of the diminution in density of population.
- (4) The elimination of a large part of the irritation occasioned by rigid confinement under lock and key, behind grated windows.
- (5) Variety in the life of the insane, by means of occasional transfers from one house to another, the houses being dissimilar in plan and internal appearance.
- (6) A larger amount of life in the open air, owing to the ease with which patients can go out of doors.
- (7) Increased sense of responsibility on the part of attendants, which implies increased efficiency.
- (8) More individual treatment and less routine.
- (9) Facilities for night-nursing, in large associated dormitories.

(10) Provision for an increased number of insane persons, because of the smaller cost of such provision.

(11) A marked decrease of the prejudice and distrust felt by the public toward the institution itself, and a corresponding increase of confidence and good will on the part of the friends of patients.

The three characteristic distinguishing features of an institution for the insane, on the detached plan, are two-story houses, large associated dormitories, day-rooms on the ground floor, and unbarred windows. With respect to these, no less an authority than Dr. Isaac Ray, (*Observations on European Hospitals for the Insane*, 1846), has said: "It is to be deeply regretted, that in many of the later erections in this country, the day-rooms, which, in the older establishments, had often dwindled down to the smallest dimensions, have disappeared altogether, and their place is supplied by that wretched substitute, a long, narrow gallery, lighted imperfectly at the ends, and lined on both sides by sleeping-rooms." "Limited as the use of (associated) dormitories must necessarily be with us, I am so strongly convinced of their benefits in certain classes of cases, that I do not hesitate to recommend their adoption, as a measure warranted by the proportion of those who are perfectly willing to sleep in them, and those who, whether willing or not, would be all the better for sleeping in them. There is a class of timid, nervous patients, who would be far more comfortable in an associated dormitory, especially when they first enter the institution. They are far better also for those suicidal cases which we now manage by having an attendant sleep in their rooms, by the side of the bed. Many filthy patients, too, when tranquil, are no doubt better managed in dormitories, because the supervision there exercised is sufficient to improve their habits by exciting their self-control, and also secures that attention to their wants which they cannot receive so effectually when sleeping alone." "In connection with such elaborate contrivances for saving the glass and securing the patients, I was sometimes surprised by seeing arrangements that indicated how little such safeguards were needed. In an asylum where the windows of the rooms were regularly covered every night by a wooden shutter, the gallery windows were unguarded, both inside and out, and so loosely confined in the frames, that it would have required very little ingenuity to get them out. But escapes from that asylum were very rare, and seldom if ever from the windows." "Third stories should be avoided, if possible. It is better to obtain the requisite room by extending the erections, than by increasing the stories above the second."

With respect to the question of increased facilities for escapes, it may be said that patients of the class for which detached buildings are meant do not often attempt to escape. The escapes and accidents at Kankakee have been almost wholly on the part of patients confined in the wards of the close hospital proper. As to supervision, the use of the telephone and the electric light have greatly augmented the ease with which an institution can be governed by the superintendent: attendants are just as much out of his sight in a ward as in a detached building; and the watchfulness of under officers is increased, under the detached system. Practically, no difficulty has been experienced in the matter of thorough supervision,

and none is anticipated. Much of what might otherwise have been felt, has been obviated by the minuteness of the daily reports and the care with which they are examined and recorded. But for a full account of the practical working of the system, reference may be made to the published reports of the medical superintendent, Dr. R. S. Dewey.

The system has been adopted in the territory of Dakota and the States of Ohio and Indiana; and something of a similar nature is contemplated by the city of New York, for the new pauper asylum on Long Island.

There are, however, objections to Kankakee, which we will frankly state. The chief of these is its size—the great number of patients there aggregated together. No arrangement of buildings can overcome our conviction that such aggregations of misfortune and defect, in any of their forms, are unnatural and injurious. We will not enter into the elaboration of reasons why this must be so. We tolerate the evil of which we complain, only because, if we do not, the public will compel us to assent to a still greater evil, the total neglect of these wretched victims of a diseased brain, in county jails and poorhouses. The time will come, we believe, when the results of such undue enlargement of institutions will become so apparent as to occasion a re-action in public sentiment, and it may even be that the original proposition of the Association will be accepted, in its literal significance: “The highest number that can, with propriety, be treated in one building (one institution) is two hundred and fifty, while two hundred is a preferable maximum.”

However this may be, Kankakee marks, as has been said, a transition from one system to another diametrically opposite. It was to be expected that the transition would not be sufficiently thorough; that traces of the old would be found in the new, even where they were incongruous and out of place. This is precisely what has happened. An institution on the detached system should be so planned exclusively and not bound by precedents derived from the necessities of the corridor plan. This is an objection to additions proposed to existing hospitals. They cannot be so satisfactory as an institution would be with a single motive, and with all its parts in harmony with one general design.

If we could rebuild the hospital at Kankakee, with our present experience, we would observe the following suggestions, which may be of use to others:

(1) The amount of land to be purchased should equal one acre for every patient to be provided for, and it should be remembered that land can be bought for a less price when the institution is first established than at any time thereafter.

(2) The first step to be taken, is to lay out the ground, with the aid of a skilled engineer, in such a manner as to insure thoroughly good and sufficient sewerage, and a proper distribution of water-pipes, gas-pipes and pipes for steam-heating, so arranged that they can be directly connected by branch-pipes with every building. The plan adopted for the placing of buildings should have reference to this system of pipes. The pipes should follow the lines of the streets which are laid out. The land on each side of these streets should be subdivided into building lots, in sufficient number to admit of

the gradual development of the institution by the addition of a few buildings at a time, and of sufficient size to avoid crowding the patients in consequence of the too close contiguity of houses. All thought of connecting the "blocks" by corridors should be abandoned.

(3) Large tracts must be reserved for pleasure-grounds, for both sexes.

(4) Not more than from one-fifth to one-third of the total capacity of the institution should be in the form of a close hospital, and the hospital proper, instead of being made the prominent feature, should be as inconspicuous as possible. This end may be attained by dividing it, and having a separate hospital for each sex. There should be no centre building for the use of the officers of the institution; least of all should the officers be collected together in the building designed for the care of the acute and paroxysmal cases of insanity. Separate residences for officers and their families, scattered over the grounds, are in every respect preferable.

(5) The medical offices should be entirely separated from those devoted to the transaction of ordinary business. The business offices should be in a distinct building, in connection with the store-rooms for general supplies; and it is this building, not the hospital, which should be ornamented and made to attract the attention of visitors as the principal feature and central point of the architectural design. It should be devoted exclusively to business, and there should be in it no sleeping apartments or living-rooms. If, however, it is desired to give it additional dignity, the hall for amusements may be included with it and occupy the upper floor.

(6) There is no rule for the construction of the detached buildings. In respect of size, capacity and arrangement, they must be adapted to the probable classification of patients and the needs of each class, remembering that the same arrangement is not equally suited for all patients, and that uniformity is as objectionable in detached wards as in any other form of construction. Generally speaking, such buildings should be only two stories in height; basements should, as much as possible, be discarded; the day-rooms should be on the lower floor; the upper floor should consist of large associated dormitories; the amount of floor-space to be allowed is about fifteen square feet per patient for dining-rooms, thirty feet for day-rooms, and forty-five feet for dormitories. Bars and gratings should be left off the windows. A single building may contain one ward or more, according to circumstances; but the larger the building, the nearer the approach to the system for which detached buildings are a substitute, and the sacrifice of the advantages of the new system is proportionably great. In planning these buildings, it must constantly be borne in mind that each ward does *not* need to be complete in itself; and that general dining-rooms, bath-houses and clothing-rooms obviate, to a certain extent, the necessity for elaborate arrangements for these uses in a portion, at least, of the detached wards,—not in all of them. Neither is it necessary to have a resident physician in each house.

(7) The abandonment of the "main central building with wings" renders it possible to introduce entirely new arrangements of the kitchens, laundries, shops, boiler-houses, etc., in which the work of an institution is carried on. They may be placed wherever it is

convenient to have them, without being in a line at right angles to the main structures, and in the rear. They need not be connected with each other. The entire structure is, by the fundamental principle of the detached system, broken up; and the more completely this principle is carried out, the more satisfactory the final result is likely to be. But care must be taken not to under-estimate the capacity of these domestic buildings and their appurtenances, including boilers, pumps and machinery, for the work of a large community. Some of them might possibly be duplicated, with advantage, for each of the two sexes separately. These and other similar details must be left to the good sense of the designer, who needs to be an architect of no small experience and of more than ordinary intellectual force.

Whatever may be the defects of the detached system, it is justified by the arguments advanced by Dr. Cook, in 1866; that no State will provide, or ever has provided, sufficient accommodations for all its insane, on the corridor plan, and that therefore a modified plan is indispensable, if the chronic pauper insane are not to be left to accumulate in county jails and county poorhouses. The United States census of 1880, reports a total insane population of 91,959, of whom 40,942, or less than one-half, are in hospitals for the insane; while 9,302 are in almshouses, and 397 in jails and prisons, which is very nearly one-fourth the number in hospitals, and probably greater than ever before in the history of the country, notwithstanding all the efforts put forth by the Association of Superintendents and by benevolent men and women not identified with the Association. To take 10,000 insane from the jails and almshouses will cost on the corridor plan, twelve million dollars; on the detached system, six millions. The first-named sum may be out of our reach, but the latter is not.

The system is further justified by the balance of advantages, which seems to be in its favor. Its advantages, and not its comparative cheapness, are its chief recommendation. It was not born, as has been charged, of the spirit of parsimony. It is not the foolish, ignorant conception of men who know nothing of insanity and of the requirements of the insane. It originated in a broad view of the situation and needs, not merely of the insane who are in hospitals and properly cared for, but of those who cannot be admitted and retained in hospitals, and are therefore neglected and forlorn, who appeal most strongly to the sympathies of the humane. The rapidity with which it is spreading proves its adaption to meet a public want, and its power to elicit popular appreciation and approval.

The only practicable alternative is county care, under State supervision and control—the system which is in process of elaboration under the careful administration of the Wisconsin Board of Charities and Reform. That and this are both experimental. We give all honor to the State of Wisconsin for what it is doing, and regard its work as a most valuable contribution to the solution of this vexed problem. But we claim for the State of Illinois whatever degree of recognition properly belongs to it, in connection with the endeavor to embody in actual practice the maxim of that great citizen of Massachusetts who first declared, "THE INSANE ARE THE WARDS OF THE STATE."



